

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004764

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** MYSTIC KREWE OF NEREIDS, NYMPHS OF THE SEA CORPORATION

**Current Principal Place of Business:**

C/O SHARON MARTIN  
6826 TIDEWATER DR  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SHARON MARTIN  
6826 TIDEWATER DR  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 59-3141286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUIGNAN, MAUREEN  
C/O SHELL FLEMING ET AL  
SEVILLE TOWER 7TH FLOOR  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MATTAIR, SHARON  
Address: 6826 TIDEWATER DR.  
City-St-Zip: NAVARRE, FL

Title: SD ( ) Delete  
Name: HESS, ELLA  
Address: 2845 WHISPER BAY  
City-St-Zip: GULF BREEZE, FL 32563

Title: VD ( ) Delete  
Name: MITCHELL, ELAINE  
Address: 1004 MALDONADD DR.  
City-St-Zip: PENSACOLA, FL

Title: T ( ) Delete  
Name: LENORMAND, MARILYN  
Address: 701 LUNDYS LANE  
City-St-Zip: MOBILE, AL 36606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON A MATTAIR

P

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date